

**APPLICATION FOR ABSENTEE BALLOT****For Election to be held: May 4th, 2004**

State Form 42106 (R12/12-03)

Indiana Election Commission (IC 3-11-4-5.1)

(ABS-1)

INSTRUCTIONS: The voter (or the voter's power of attorney) must **PERSONALLY** mark any ballot to be requested at an election and **SIGN** the application below. If you are applying for as voter or as the voter's attorney in fact, a copy of the power of attorney must be attached. Complete and return this application to your county election board, so that the application is received at least 8 days before the election. You can return this application by FAX. **NOTE:** Certain voters who registered by mail are required to provide additional person identification before voting an absentee ballot. Contact your county voter registration office for information if you think this may apply to you.

Return by mail to this address: **Voter Registration P. O. Box 1056 New Albany, IN 47151-1056**

Telephone (812) 948-5419 Fax (812) 948-4711

TO THE COUNTY ELECTION BOARD		FOR COUNTY ELECTION BOARD USE DO NOT WRITE IN THIS SECTION
Name (please print)		Township/Ward
Registration Address (Number and Street)	Telephone Number (Day)	Precinct
City/Town, State, Zip Code	Telephone Number (Evening)	City/Town Description
Date of Birth (mm/dd/yy)	Voter Identification Number (Indiana issued driver's license number or state identification card number, OR if voter does not possess driver's license or state ID card, provide last 4 digits of social security number)	Council District
MAILING ADDRESS (If different than registration address)		ADDITIONAL DOCUMENTATION
Mailing Address (Number and Street)		Is applicant required to provide additional identification documentation to the county voter registration office but has not yet done so?
City/Town, State, Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No
FOR PRIMARY ELECTION ONLY		
In Indiana, you must request a major political party ballot to vote in the primary election. However, you may vote for school board offices or on referenda held at the same time as the primary without voting a political party ballot.		
I apply for the ballots of the (check one box) <input type="checkbox"/> Democratic Party OR <input type="checkbox"/> Republican Party, a majority of whose candidates I expect to vote for in the general or municipal election; OR <input type="checkbox"/> School Board Offices Only AND/OR <input type="checkbox"/> Public Question Only		
FOR GENERAL ELECTION ONLY		
I apply for the ballots of <input type="checkbox"/> Entire Ballot OR <input type="checkbox"/> School Board Offices Only AND/OR <input type="checkbox"/> Public Question Only		
<input type="checkbox"/> A. Voting by Mail (Application due by midnight, 4-26-2004) Check one: <input type="checkbox"/> I expect to be absent from the county on election day. <input type="checkbox"/> I am a voter with disabilities. NOTE: If you are unable to mark the ballot or sign the envelope, you must vote before a traveling board or in the Clerk's office. Go to Box B or C. <input type="checkbox"/> I am a voter at least 65 years of age. <input type="checkbox"/> I expect to have official election duties outside of my voting precinct. <input type="checkbox"/> I am scheduled to work at my regular place of employment during the entire 12 hours that the polls are open. <input type="checkbox"/> I expect to be confined, due to illness or injury, or I expect to be caring for a confined person at a private residence, on election day.	<input type="checkbox"/> B. Voting in the Clerk's Office (In Lake and Tippecanoe Counties, the Election Board Office) (Voting closes 5-03-2004 at noon)	<input type="checkbox"/> C. Voting by Traveling Board (Application due by 5-03-2004 if hand delivered; by 5-03-2004 if mailed or faxed) <input type="checkbox"/> I expect to be confined, due to illness or injury, or I expect to be caring for a confined person at a private residence, on election day. <input type="checkbox"/> I am a voter with disabilities and believe my polling place is not accessible to me. VOTE ME AT THE FOLLOWING ADDRESS: <hr/> <hr/> I request that the county election board authorize the traveling board to visit me outside the county at the place listed above. <input type="checkbox"/> Approved <input type="checkbox"/> Denied
I affirm under the penalties of perjury: 1. I will have been a resident of the above precinct for thirty (30) days before the election or I am authorized to vote an absentee ballot in the precinct where I formerly resided under IC 3-10-10, IC 3-10-11, or IC 3-10-12; 2. I am a registered and qualified voter in the precinct; and 3. I reside at the address listed in the residence address section above.		
Signature of voter		Date signed (month, day, year)



INDIANA VOTER REGISTRATION APPLICATION

State Form 50503 (R6/12-03)

Indiana Election Commission

(VRG-11)

You can use this application to:

- Apply to register to vote in Indiana or
- Change your name and address on your voter registration record.

To register you must:

- Be a citizen of the United States;
- Be at least 18 years old on the day of the next general or municipal election;
- Have lived in your precinct for at least 30 days before the next election (except for certain military voters); and
- Not currently be imprisoned after being convicted of a crime.

If you move:

- You must transfer your registration whenever you move out of your precinct.
- You may use this application to transfer your registration. You may mail or hand deliver the completed application to your county registration office.

To complete this form:

FILL IN ALL THE BOXES THAT APPLY TO YOU IN BLUE OR BLACK INK

Box 4: Residence Address Type or print the address where you live (number, street, apartment number, city/town, and ZIP code). If your address is a rural route or star route, be sure to include the box number. If this address does not have a street number, draw a map in Box 15.

Box 5: Mailing Address If this address is the same as Box 4, just print "SAME" in this box.

Box 6: Previous Voter Registration Address If you have been registered previously, please list your most recent registration address.

Boxes 8 and 9: These questions are optional. Your application will be processed even if you do not answer these questions.

Box 10: Identification Documentation If you are registering to vote in the county for the first time, and you are sending this application by mail, you must provide identification documentation. Identification may include a current and valid photo ID, current utility bill, bank statement, government check, paycheck, or government document that shows the name and address of the voter. You may include a copy of your identification with this application. Do not mail an ORIGINAL copy of your document! If you do not provide identification with this application or to the county voter registration office before election day, you will be asked for it the first time you vote.

Box 11: If you check "no" in response to the question in Box 11, you may not complete this application.

Box 12: The question in Box 12 requires a person to be 18 years of age by the next general or municipal election. If you check "no" in response to the question in Box 12, you may not complete this application.

Box 13: Voter Identification Number In Box 13 you are required to provide your Indiana driver's license number as issued by the Indiana Bureau of Motor Vehicles. If you do not have an Indiana driver's license, provide the last four digits of your social security number.

Box 14: If this is an application for a name change, provide your previous name in Box 14. If you have not changed your name, skip this question.

Box 15: Skip this question if the address where you live has a street name and number (such as 100 Maple Street). If you have a rural route or star route address, please draw a simple map that shows the nearest crossroads or street intersection and where your residence is located. If you do not live in a house or other building, please draw a map that shows where you usually sleep and the nearby streets.

Box 16: This application cannot be processed without the voter's original signature in this section. DO NOT FAX THIS FORM AFTER COMPLETING IT.

Registration Deadlines: In order to be processed for the next election, this application must be postmarked or hand delivered to your county voter registration office no later than 29 days before the next election. If your county registration office receives this application after that day, you will be unable to vote in the next election. If you miss this deadline, your registration application will be processed when registration reopens. Some military voters and their family members can register until noon on election day. Contact your county voter registration office for information if you may qualify to do so.

Acknowledgment Notice: You will be sent a notice from your county voter registration office that acknowledges receipt of your voter registration application. The notice informs you whether your registration application was approved by the county voter registration office. The notice may identify where you can vote. If your registration application is incomplete, you may be contacted and asked to provide additional information. If you have not received an acknowledgment notice within 30 days of filing this application you should contact your county voter registration office.

Questions? Call your county voter registration office or the Indiana Election Division for assistance.

Indiana Election Division

302 West Washington Street, Room E204
Indianapolis, Indiana 46204-2743
Telephone: 317-232-3939 or 800-622-4941
www.in.gov/elections
elections@ec.state.in.us

Floyd County Clerk's Office

311 West 1st Street
New Albany, IN 47150
Telephone: 812-948-5419
www.floydcounty.in.gov

Please Print in Blue or Black Ink

1	Check boxes that apply: <input type="checkbox"/> New registration <input type="checkbox"/> Address change (See Box 4) <input type="checkbox"/> Name change (See Box 14)	2	Indiana county where you live: Floyd	COUNTY USE ONLY	Date processed	Township/Precinct	County Tracking Number
3	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name	First Name	Middle Name or Initial	Suffix Jr. Sr. II III IV		
4	Residence Address (No Post Office Boxes)		Apt. No.	City / Town	State IN	Zip Code	
5	Mailing Address, if different from Box 4, if same, print "SAME"		Apt. No.	City / Town	State	Zip Code	
6	Previous Voter Registration Address		County	Apt. No.	City / Town	State	Zip Code
7	Date of Birth (mm/dd/yy)	8	Telephone number (if available)	9	E-mail (if available)	10	Are you including identification documentation? (See instructions for Box 10 above.) <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		12	Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No		13	
14	If this is an application for a name change, what was your name before you changed it? If you have not changed your name, skip this question.		Last Name	First Name	Middle Name or Initial	Suffix Jr. Sr. II III IV	
15	Map/Diagram: If your residence has no address, street number or name (such as 100 Maple Street), please draw a map showing where your residence is located. Include roads and landmarks. Otherwise, skip this question. N			I authorize my voter registration at any other address to be cancelled. I swear or affirm that: • I am a citizen of the United States. • I will be at least 18 years of age at the next general or municipal election. • I will have lived in my precinct for at least 30 days before the next election. • I am not currently in prison after being convicted of a crime. • All the above information and all other statements on this form are true. • I understand that if I sign this statement knowing that it is not true I am committing perjury and can be fined up to \$10,000, jailed for up to three years or both.			
16	Signature of Applicant			Date			
If applicant is unable to fill out the application due to disability, the person who helped the applicant with this application (sign their name, address and telephone number in the box below. (Telephone number is optional.)							
Name		Address		City/Town		Telephone Number (optional)	